

Living in the moment for people approaching the end of life: A concept analysis

Çiğdem Fulya Dönmez^{a,b}, Bridget Johnston^{a,c,*}

^a School of Medicine, Dentistry and Nursing, University of Glasgow, Glasgow, Scotland, UK

^b School of Health Sciences, Department of Nursing, Istanbul Arel University, Istanbul, Turkey

^c Florence Nightingale Foundation Clinical Professor of Nursing, School of Medicine, Dentistry & Nursing, and NHS Greater Glasgow and Clyde, College of Medical, Veterinary & Life Sciences, University of Glasgow, 57-61 Oakfield Avenue, Glasgow G12 8LL, Scotland, UK

ARTICLE INFO

Article history:

Received 29 November 2019

Received in revised form 26 February 2020

Accepted 21 March 2020

Keywords:

Concept analysis

Dignity

Dignity-conserving care

End-of-life care

Living in the moment

Maintaining normality

Palliative care

Terminal care

ABSTRACT

Background: 'Living in the moment' is an essential part of dignity-conserving practice in end-of-life care settings. Although living in the moment is important for care at the end of life, from the perspective of both the person and their family, there is no clear conceptual understanding of what it represents.

Objective: To explore the concept of 'living in the moment' in the context of dignity-conserving care at the end of life.

Design: A concept analysis.

Data sources: The databases of Medline, CinAHL, PubMed, Web of Science, PsycINFO, SocINDEX and Cochrane were searched for studies published between 1941 and 2019, and searches of dictionaries and grey literature, as well as hand-searching were conducted, to yield qualitative, mixed methods and systematic reviews published in English, related to the term 'living in the moment'.

Method: The methods of Walker and Avant were used to identify antecedents, attributes and consequences of the concept of 'living in the moment'.

Results: The literature review generated a total of 37 papers for this concept analysis. The attributes identified were (1) simple pleasure, (2) prioritising relationships, (3) living each day to the fullest, (4) maintaining normality, and (5) not worrying about the future. The antecedents were (1) awareness of dying, (2) living with life-threatening illness, (3) positive individual growth, and (4) living with an uncertain future. The consequences were (1) a good quality of life, (2) preserving dignity, and (3) coping with the uncertainty of life.

Conclusions: A universal definition and conceptual model of the main concept, including theoretical relationships between its antecedents, attributes and consequences, was developed. The definition and proposed conceptual model can allow instruments to be developed that measure the effects, existence or attributes of the concept, and identify a theoretical model, and can also lead to new perspectives and strategies for implementation by nurses to improve dignified person-centred care at the end of life.

Crown Copyright © 2020 Published by Elsevier Ltd.

This is an open access article under the CC BY-NC-ND license.

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>)

What is already known about the topic?

- People with life-threatening illnesses want to live in the moment without worrying about the future.
- Living in the moment is an effective coping strategy that helps preserve the dignity of people at the end of life.
- There is no universal definition for the concept of living in the moment.

What this paper adds

- It clarifies the concept of living in the moment and contributes towards a framework for developing a theoretical model as well as instruments to measure the concept.
- A conceptual model of living in the moment may increase nurses' insight into patient perspectives, values and preferences, and provide dignified person-centred care at the end of life.
- It provides clarity in relation to the antecedents, attributes and consequences of living in the moment that may contribute to a

* Corresponding author.

E-mail addresses: fulya.donmez@glasgow.ac.uk (Ç.F. Dönmez), bridget.johnston@glasgow.ac.uk (B. Johnston).

more dignified quality of life and help patients cope with uncertainty at the end of life.

1. Introduction

The concept of living in the moment is considered to be an effective coping strategy for reducing worries for people approaching the end of life and promoting adaptation to the challenges of a life-threatening illness (Skeath and Berger, 2017). It is regarded by some people to be essential for handling such situations (Andersson et al., 2008) and for individuals to live a meaningful and productive life as they approach death (Cottingham et al., 2018). It can also allow people to take advantage of opportunities when they are not in pain, or to obtain strength. People who have a life-threatening illness who are living in the moment report that simple pleasures can enrich their limited life, for example, listening to music, gardening, reading a good book, looking out of a window, building a shed, playing cards, repairing the back patio, and viewing nature from indoors (Andersson et al., 2008; Cottingham et al., 2018; Johnston et al., 2010).

The focus of this concept analysis is the analysis of living in the moment in the context of dignity-conserving care at the end of life. It contributes to a wider project, of building on the Dignity Care Intervention (DCI) for use by nurses who care for people at the end of their lives (Connolly et al., 2018; Harst  de et al., 2018; Johnston et al., 2014, 2015, 2017;   stlund et al., 2012, 2019). DCI is an effective intervention developed by Professor Bridget Johnston and colleagues to improve dignity-conserving care by community nurses for people nearing the end of life (Connolly et al., 2018; Harst  de et al., 2018; Johnston et al., 2015;   stlund et al., 2012, 2019); it is based on the philosophy of person-centred care for meeting patients' palliative care needs (Johnston et al., 2010).

The DCI enables nurses to individualise patient care at the end of life by using evidence-based care actions in response to each patients' self-identified dignity-related concerns (Harst  de et al., 2018; Johnston et al., 2014, 2015, 2017; McIlpatrick et al., 2017;   stlund et al., 2019). It has been successfully tested in Scotland (Andrew et al., 2013; Johnston et al., 2014, 2012a, 2017;   stlund et al., 2012), in Ireland (Connolly et al., 2018; Johnston et al., 2015; McIlpatrick et al., 2017), in England (Johnston et al., 2016), and has been adapted and tested for use in Sweden (Harst  de et al., 2018;   stlund et al., 2019). Patients, family members and health providers have reported that the DCI is useful for providing holistic end-of-life care. Furthermore, the DCI makes it easier for nurses to assist in the overall assessment of patients with palliative care needs, to identify areas that might not otherwise be noted (Connolly et al., 2018; Harst  de et al., 2018; Johnston et al., 2014, 2015, 2017; McIlpatrick et al., 2017). We acknowledge the potential for bias discussing the effectiveness of the DCI intervention by the originators of the intervention, although, the work has been extended as stated to Ireland and Sweden.

This analysis was based on the DCI because the intervention includes the practice of living in the moment to support or a sense of dignity for people nearing end of life (Chochinov et al., 2002; Johnston et al., 2015). Living in the moment, an important part of the DCI, is critical for helping patients achieve their goals with the support of nurses (Brown et al., 2011).

Cottingham et al. (2018) studied what is important and meaningful for patients with advanced cancer. They found that living life 'now' was important, and that understanding the concept of living in the moment from the perspective of people who have a life-threatening illness is essential for meeting their needs and providing effective palliative care. However, there is no generally accepted definition of the concept of living in the moment, nor a clear conceptual understanding of what it represents. This analysis, therefore, focuses specifically on living in the moment. Having an

explanation of the concept is crucial to addressing current gaps in understanding.

Recognising and understanding the concept of living in the moment for health providers may be an essential step towards providing dignified and person-centred care for people at the end of life. It may also provide more information for further development of the DCI.

2. Selection and aims of the concept analysis

The concept selected for this study was 'living in the moment' to clarify the concept in order to help improve clinical nursing practice at the end of life, and to further develop the DCI. The secondary aims were to explore a clear and evidence-based definition of the concept of living in the moment in the context of dignity-conserving care at the end of life.

3. Methods

This concept analysis was conducted using the method of Walker and Avant (2014). The international online databases were searched for studies published between 1941 and 2019, and searches of dictionaries and grey literature, as well as hand-searching were conducted, related to the term 'living in the moment'.

3.1. Concept analysis method

The aim of the concept analysis is to clarify meanings and develop operational definitions, by considering evidence from a wide range of information resources for further research or clinical practice (Meleis, 2011; Walker and Avant, 2014). Walker and Avant's method contributes philosophical understanding of a concept, through the techniques of linguistic philosophy (Walker and Avant, 2014). This method is a straightforward and systematic approach that has been successfully used to clarify concepts in nursing and other health care settings (Coetzee and Klopper, 2010; Dyer and McGuinness, 1996; Holmstr  m and R  ing, 2010). It is also the most commonly used method for concept analysis in nursing research (Nuopponen, 2010).

Using the structured method of Walker and Avant enables conceptual clarity to be obtained by an inductive identification of the concept's attributes, antecedents and consequences. This feature makes it particularly useful for analysis of the concept of 'living in the moment'.

In addition, by applying a recognised methodological framework a more objective approach to concept clarification can be achieved. The systematic framework also means that the process is applicable within diverse scientific disciplines and not just health-care.

Walker and Avant's (2014) method consists of eight steps and involves: selecting a concept; determining the aims of the analysis; identifying all uses of the concept; determining its defining attributes; identifying a model case; identifying additional cases; identifying antecedents and consequences; and defining empirical referents (Walker and Avant, 2014).

3.2. Data sources

The international online databases, dictionaries and grey literature were searched for this analysis. Data sources included the resources described below.

3.2.1. Dictionaries

The Oxford English Dictionary, Collins English Dictionary, Merriam-Webster Dictionary, American Heritage Dictionary of Idioms and McGraw-Hill Dictionary of American Idioms were used

Table 1
Example Search Strategy for MEDLINE.

Database	Keywords	Results
MEDLINE (EBSCOhost)	S1 TX "living in the moment" OR "normalcy" OR "maintaining normality" OR "living in the present" OR "here and now" OR "being in the moment" OR "living life now" OR "living as long as you live" OR "live in the present" OR "live well" OR "life-world phenomenology" OR "normality" OR "enjoying the present moment" OR "living well" OR "do the things that I usually do" OR "Enjoying small things" OR "preserving normality" OR "being in the present moment" OR "living each moment"	11,356
	S2 (MH "Palliative Care")	50,515
	S3 (MH "Hospice and Palliative Care Nursing")	513
	S4 (MH "Hospices")	4870
	S5 (MH "Terminal Care")	26,368
	S6 (MH "Hospice Care")	6041
	S7 (MH "Terminally Ill")	6264
	S8 TI ("palliat*" OR "end of life care" OR "terminal care" OR "comfort care" OR "hospice" OR "hospices" OR "end-of-life-care" OR "dying" OR "Cancer experience" OR "cancer" OR "terminal illness" OR "living with dying" OR "dying experience") OR AB ("palliat*" OR "end of life care" OR "terminal care" OR "comfort care" OR "hospice" OR "hospices" OR "end-of-life care" OR "dying" OR "Cancer experience" OR "cancer" OR "terminal illness" OR "living with dying" OR "dying experience")	1610,915
	S9 TX "Dignity-conserving care" OR "dignity care" OR "human dignity" OR "dignity conserving practices" OR "Dignity" OR "Dignity care intervention" OR "Dignity conserving repertoire"	6686
	S10 S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9	1641,766
	S11 S1 AND S10	773

for determining additional definitions of the concept of living in the moment.

3.2.2. International online databases

Medline, CinAHL, PubMed, Web of Science, PsycINFO, SocINDEX and Cochrane were searched using key terms such as: living in the moment; normalcy; maintaining normality; and living in the present (Table 1). The search strategy was not limited to the nursing or medical literature alone but included a wide range of information resources relating to sociology and psychiatry, such as the databases of PsycINFO and SocINDEX. An example of the search strategy is given in Table 1.

3.2.3. Grey literature

Grey literature was searched to access any theses, books and documents that are not published by commercial publishers (Haddaway et al., 2015), including, for example, academic theses, articles, books, book chapters, protocols, organisation reports, and government papers (Haddaway et al., 2015). A search of the E-Theses Online Service, UK (EThOS, 2019); Google; Google Scholar; ProQuest Dissertations and Theses, US and Canada (ProQuest, 2019) and Open Grey (OpenGrey, 2019) were conducted. The E-Theses Online Service, ProQuest Dissertations and Theses and Google Scholar were searched for theses. Google, Google Scholar and Open Grey were also searched to access articles, books and book chapters using the key terms.

3.3. Selection criteria

The inclusion criteria were as follows: related to the concept of living in the moment; included patients approaching the end of life; written in the English language; related to adults only; books; theses; qualitative, quantitative, mixed methods or systematic reviews; grey literature; published between 1941 and 2019 (when the term 'philosophy of the moment' was first introduced by Moreno (1941)).

We excluded articles published in non-peer reviewed journals, editorials and letters to the editor, as well as documents involving patients with amnesia or psychosis.

3.4. Data collection and analysis

Two researchers independently screened titles and abstracts identified by the electronic searches and applied the selection criteria. Studies were only included if both researchers considered

that the full text satisfied the inclusion and exclusion criteria. All records were managed using EndNote (2019). Fig. 1 is a PRISMA flow diagram of this process (Moher et al., 2009).

The search strategy and selection criteria yielded 37 studies (Fig. 1). 25 articles from international online databases were extracted, as well as two theses and eight articles from the grey literature, and two articles from hand searching. After identifying the different usages of the concept, a systematic record was made of the characteristics of the concept (Table 2) that appeared repeatedly (Walker and Avant, 2014). A cluster of antecedents, attributes and consequences (Fig. 2) frequently associated with the concept (Nuopponen, 2010) was created from definitions and examples in the systematic record (Table 2), and additions and revisions were discussed with the authors.

4. Results

The search yielded a total of 37 selected studies relating to the concept of living in the moment in the context of dignity-conserving care at the end of life. All participants were adult patients who needed end of life care. All documents were published between 2001 and 2019, and were from the following countries: Australia ($N=2$), Canada ($N=6$), Holland ($N=1$), Iceland ($N=1$), United Kingdom ($N=9$), United States ($N=4$), New Zealand ($N=2$), Norway ($N=1$), Scotland ($N=3$), Spain ($N=2$) and Sweden ($N=6$). The study designs were mainly qualitative ($N=33$). Two were mixed methods, and there was one systematic review and one scoping review.

4.1. Uses of the concept

The third step in the concept analysis was to identify all uses of the concept in literature (Walker and Avant, 2014). Dictionary and literature definitions of the concept and related terms were described in this step.

4.1.1. Dictionary definitions of the concept and related terms

Similar definitions for the concept of 'living in the moment' in different dictionaries were found, for example: "to live without worry for the future" (OED, 2019a); "to live for the pleasures of the moment without planning for the future" (Spears, 2006); and "to focus on the moment without worry about future" (Ammer, 2013).

Reviewing terms related to the concept can facilitate more specific exploration and analysis (Walker and Avant, 2014), especially

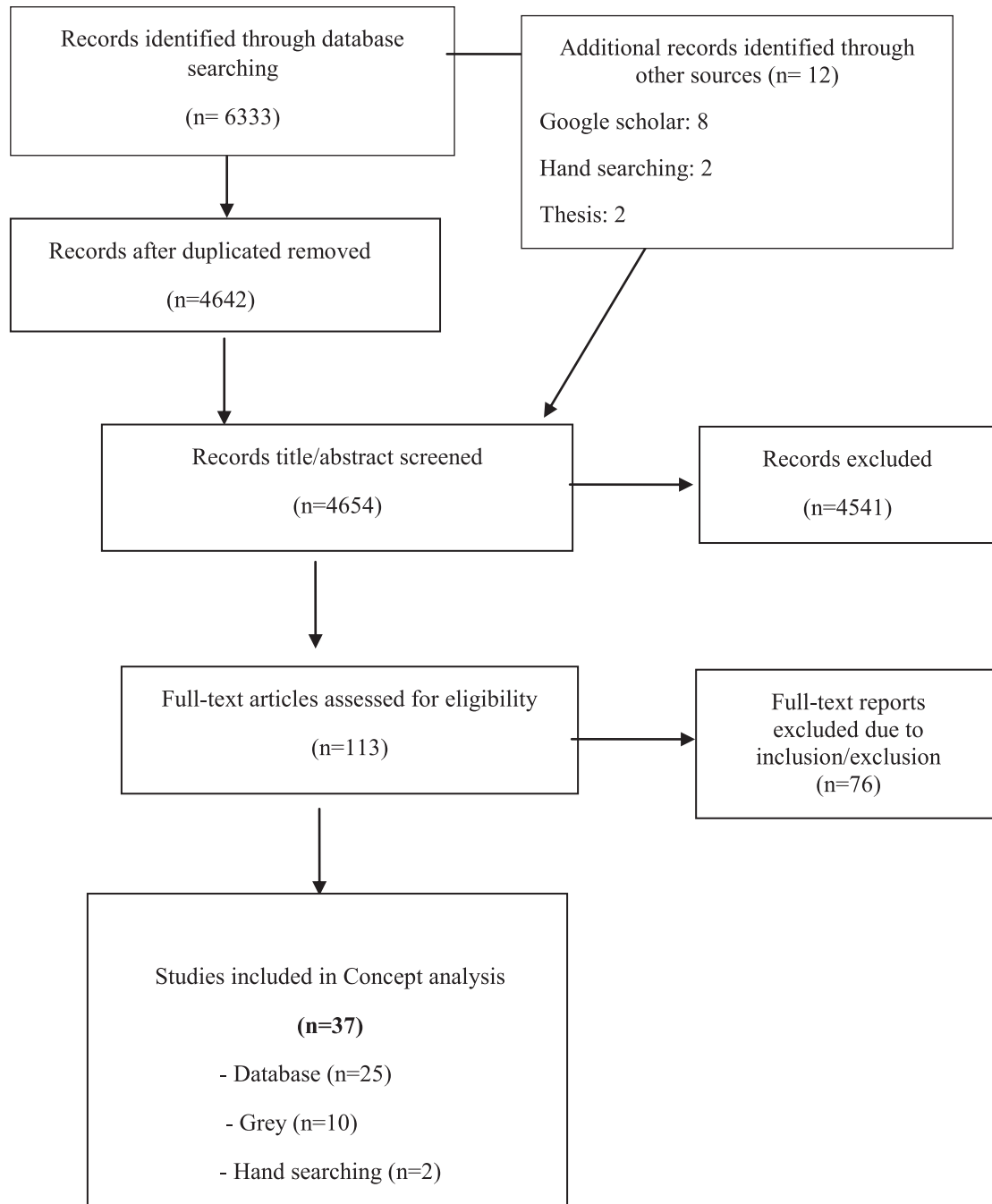


Fig. 1. PRISMA flow diagram.

for analysing any differences from the main concept. In the literature we found that the term 'maintaining normality' was related to the concept of the living in the moment (Chochinov et al., 2002), whereby the definition of normality was given as "a situation in which everything is normal" (OED, 2019b).

4.1.2. Literature definitions of the concept and related terms

The literature presents similar definitions of terms related to the concept of living in the moment in the context of dignity conserving care at the end of life. Living in the moment is frequently described as focusing on immediate issues and not worrying about the future (Brown et al., 2011; Chochinov et al., 2002; McClement et al., 2004; Östlund et al., 2019). Other definitions include: sim-

ple pleasures (Andersson et al., 2008; Garcia-Rueda et al., 2016; Hajdarevic et al., 2014); maintaining normality (Horne et al., 2012); and living each day to the fullest (Arantzamendi et al., 2018; Fanos et al., 2008).

Exploring related terms is valuable for understanding any differences from the concept of living in the moment (Walker and Avant, 2014). The literature revealed that maintaining normality is related to the main concept (Baker et al., 2016; Carolan et al., 2018; Chochinov et al., 2002; Ellis et al., 2013; Hall et al., 2009; Johnston et al., 2012b, 2017; Lewis et al., 2016; Lobb et al., 2015; Mosher et al., 2015; Sjøvall et al., 2011). Detailed definitions of the main concept and related terms are presented in Table 2.

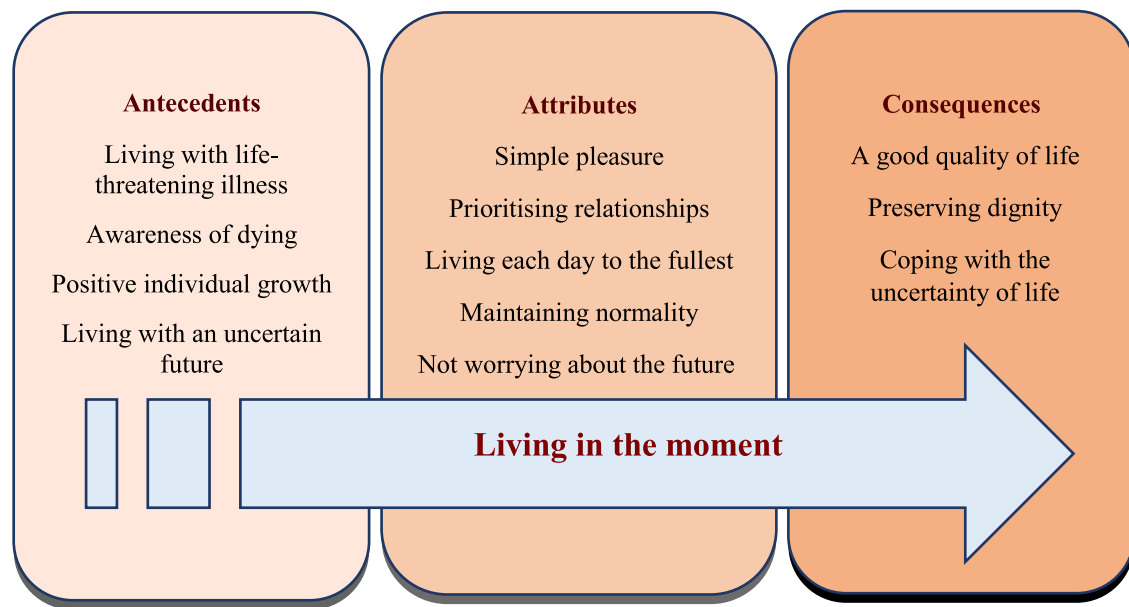


Fig. 2. Proposed conceptual model of the living in the moment.

4.2. Defining attributes

Defining attributes refers to characteristics that are commonly linked to a concept, and are most frequently associated with the concept (Walker and Avant, 2014). After identifying all the different usages of the concept in this study, we kept a systematic record of the characteristics that appeared repeatedly (Walker and Avant, 2014). Then we created a cluster of attributes frequently associated with the concept (Nuopponen, 2010).

Details of the five defining attributes we identified for the concept of the living in the moment are presented in Table 2. These were: (1) simple pleasures, (2) prioritising relationships, (3) living each day to the fullest, (4) maintaining normality, (5) not worrying about the future. Each one is discussed in turn below.

4.2.1. Simple pleasures

In the papers we reviewed it was found that simple pleasures contribute to the experience of a good life and coping with uncertainty in the future, making life 'worth living' for people approaching the end of life (Andersson et al., 2008; Arantzamendi et al., 2018; Hajdarevic et al., 2014). These include activities such as relaxing and enjoying listening to music, watching television, and reading a newspaper or book (Andersson et al., 2008; Arantzamendi et al., 2018; Brown et al., 2011; Cottingham et al., 2018; Garcia-Rueda et al., 2016; Lothian, 2002). Simple pleasures like listening to music and creating artwork may improve quality of life by helping relieve symptoms such as pain and anxiety among people who have a life-threatening illness (Bradt and Dileo, 2010; Chao et al., 2002). Cognitively, music and artwork help patients by focusing their attention away from stressful events to calming, peaceful, and pleasant thoughts (Bradt and Dileo, 2010; Chao et al., 2002). Viewing nature from indoors also helps relax patients who are lying in bed or sitting in a chair.

As one patient said: "I read a lot, and I look out the window; that's the contact I get, so I see them coming there. It is people moving around, because nothing moves in here. No. I like looking at the animals, birds, and things like that, that I can appreciate when I am not able to do anything else. So looking at a bird, carrying on out there, I sometimes think, it's such fun to look, because I have the time now, because I haven't had the time to look at birds before, but that's what I do ..." (Andersson et al., 2008).

As a result, people approaching the end of life can live in the moment via simple pleasures to live with joy and meaning (Garcia-Rueda et al., 2016).

4.2.2. Prioritising relationships

The researchers in the reviewed papers highlighted that people approaching the end of life usually change their priorities and perspectives on life (Lothian, 2002; O'Gara et al., 2018). Basic things, such as spending time with family or friends, often become more important than material things when a person faces death (Andersson et al., 2008; Lothian, 2002). Prioritising relationships also provides emotional support for people who have a life-threatening illness (Lothian, 2002).

One woman with cancer said: "... when you get some illness like that it just changes your whole perspective on life, on how material things are unimportant. I mean, we have a really close extended family, and immediate family realise how lucky I was to have that" (Lothian, 2002).

This patient's awareness of dying changed her values in life, so that she chose to spend quality time with her family which became the most important thing for her. Furthermore, this awareness helped her for living in the moment by focusing on present priorities.

4.2.3. Living life to the fullest

In this review, we found that living every day as fully as possible is a way to live in the moment without dwelling on the past for people approaching the end of the life. (Arantzamendi et al., 2018; Cameron and Waterworth, 2014; Cottingham et al., 2018; Fanos et al., 2008; Lothian, 2002; Post and Wagman, 2019). It helps them prepare for death by helping them resolve unfinished business (Arantzamendi et al., 2018; Johnston, 2010). It also contributes to a more productive and meaningful life.

In the words of another patient: "I'm going to live every day that I possibly can and ... I am going to be okay when I do die ... I have done the things that I needed to do to have a productive life..." (Cottingham et al., 2018).

Encouraging patients to achieve their wishes, by listening and supporting them, may give them a better quality life at the end of their life (Johnston, 2010).

Table 2

Explanation of the concept of the living in the moment and maintaining normality.

Authors, Date, Country	Concepts in primary studies	Definitions	Attributes	Antecedents	Consequences	Examples
Andersson et al. (2008) Sweden	Catching the moment	"Catching the moment" is a common way of handling the situation and the small things enriched a situation that is limited due to health complaints and impaired functional ability.	-Simple pleasure -Prioritising relationships	-Living with life-threatening illness	-A good quality of life	"I read a lot, and I look out the window, that's the contact I get, so I see them coming there. It is people moving around, because nothing moves in here. No. I like looking at the animals, birds, and things like that, that I can appreciate when I am not able to do anything else. So looking at a bird, carrying on out there, I sometimes think, it's such fun to look, because I have the time now, because I haven't had the time to look at birds before, but that's what I do "
Arantzamendi et al. (2018) Spain	Living in the moment	Living in the moment is a way of maximizing precious time, given awareness of dying and the desire to live as fully as possible.	- Living each day to the fullest	-Awareness of Dying -Living with life-threatening illness	-A good quality of life	"There are times when you think you're going to die, you already have an expiration date. You say, "I'm going to die from this but I will try to be as late as possible, and that the time is, use it, live well . . . live happy and calm." "Enjoy every day because you never know if tomorrow will come"
Brown et al. (2011) Scotland	Living in the moment	Living in the moment involves focusing on immediate issues and not worrying about the future	-Maintaining normality	-Living with life-threatening illness	-Preserving dignity	Patients described how they tackled "one day at a time". They did not want to talk about death and tried to carry on as normal.
Buiting et al. (2013) Holland	Living in the present	N/A	-Maintaining normality	-Awareness of Dying -Living with life-threatening illness	- Coping with the uncertainty of life	"Well, the situation is not such that I have to spend all day lying exhausted in bed - that is absolutely not the case [...]. What I call quality someone else might not. I spend much of my time here in my study. I also work with groups, drama mainly."
Chochinov et al. (2002) Canada	Living in the moment	Living in the moment involves focusing on immediate issues in the service of not worrying about the future.	-Simple pleasure -Living each day to the fullest -not worrying about the future	-Living with life-threatening illness	-Preserving dignity	"Well there's always something worth living for. I mean, you can look out the window and see flowers growing or children on the street and hear somebody laughing you know... that makes life worth living. Right now the most important thing in life is to try to live every day and be considerably happy. And not try to let anything burden you down. Right. You know, try to enjoy the day as much as I can"
Cottingham et al. (2017) USA	Living life now	Patients who live in the moment focus on present priorities	- Prioritising relationships -Simple pleasure -Living each day to the fullest	-Awareness of Dying -Living with life-threatening illness	-A good quality of life	Visiting children or grandchildren, enjoying personal hobbies, including listening to music, fishing, or working on an old car. "I'm going to live every day that I possibly can and...I am going to be ok when I do die and I have done the things that I needed to do to have a productive life..."
Daneault et al. (2016) Canada	Enjoying the present	N/A	-Simple pleasure	-Living with life-threatening illness	- A good quality of life	"People say it's when we're sick that we realize how great it is to be healthy ... the sky, trees, beautiful things that we sometimes don't notice enough, these things become more important. The little things that happen, too, become much more significant."
Fanos et al. (2008) USA	Living in the moment	Living in the moment is to live each day to the fullest, attempting neither to dwell on illness nor look too far into the future.	-Simple pleasure -Living each day to the fullest	-Awareness of Dying -Living with life-threatening illness	- A good quality of life	"...going to the coffee shop each day, succinctly stating that he lived life "one mocha at a time"

(Continued on next page)

Table 2 (Continued).

Authors, Date, Country	Concepts in primary studies	Definitions	Attributes	Antecedents	Consequences	Examples
García-Rueda et al. (2016) Spain	Enjoying the present moment	It is to live with joy and meaning	-Simple pleasure -Living each day to the fullest	-Living with life-threatening illness	-A good quality of life -Preserving dignity	"I have this image of the French Revolution, these people who have been dragged to the guillotine screaming and in terror and the ones who just up the steps they go, head held high and they don't think about the fact that the world is going to end. They think about the fact that there's a wonderful moon outside and of course it is going to end but that time before is important"
Gysels et al. (2016) UK	Living in the moment	Living in the moment is one of the strategies patients mentioned to keep life worth living.	-Maintaining normality	-Living with life-threatening illness	-Preserving dignity	"I take each day as it comes and get on with it."
Hajdarevic et al. (2014) Sweden	Living in the moment -seizing the day	Living here and now, doing amusing things	-Simple pleasure -not worrying about the future	-Awareness of death -Positive individual growth - Living with an uncertain future	- A good quality of life - Coping with the uncertainty of life	"It [the cancer experience] has influenced life in a positive direction, as I see it. I feel much younger today, and I think I seize the moments in another way. You become aware of how fast you may lose it [life]." "You try at least not to put off thing to the future. Instead, you do things you like at once. I think all people should live that way. Everyone needs an eye-opener, but maybe not this brutal."
Horne et al. (2012) UK	Living in the present	Maintaining routines, continue paid employment or normal duties such as gardening, cooking, babysitting or planning holidays	-Maintaining normality - not worrying about the future	- Living with life-threatening illness	-Maintaining integrity	"Whilst I feel well and it's not, it isn't me, it's just like well it can't really happen soon because I feel too well" "We've got to live a normal life because if we don't it's going to be horrendous"
Karlsson et al. (2014) Sweden	Living in the present	Living in the present is to do something meaningful	-not worrying about the future	-Living with an uncertain future -Living with life-threatening illness	-A good quality of life	"You know nothing about it, no future, neither of us do. So we can't speculate about it – let's take one thing at a time, and we have to do it now..." "Now I just have one goal, and I've had it quite a long time now. It's my granddaughter's college graduation."
Kvale (2007) Norway	Normalization, finding meaning and living in the present	N/A	-Maintaining normality	-Living with an uncertain future -Living with life-threatening illness	- Coping with the uncertainty of life	"We have a nurse here; she has bought herself a holiday cottage, so we are talking about her cottage and my cottage. We discuss cottages. Another nurse likes fishing, and we discuss that. We can sit half an hour and discuss fishing; about lobsters, crabs, fish and food. Things like that. I like this very much, because I can think about other things than the disease. I don't want to talk about my disease or others' diseases all the time."
Lewis et al. (2016) Australia	Living in the moment/present	N/A	-Prioritising relationships -Living each day to the fullest	-Living with life-threatening illness	-A good quality of life	"I think I just live to the moment, live every day. I do as much as I can with my kids."

(Continued on next page)

Table 2 (Continued).

Authors, Date, Country	Concepts in primary studies	Definitions	Attributes	Antecedents	Consequences	Examples
Lothian (2002) New Zealand	Learning living is now and living in and for the moment	N/A	-Simple pleasure -Prioritising relationships -Living each day to the fullest	-Awareness of death -Positive individual growth	- A good quality of life	"Now I am much more relaxed and accept these things much more ready... I am guide happy to spend much more time with my grandsons..." "You start to value friendships and family and the time that you spent together a whole lot more because you realise that you are vulnerable to these things" "I want to really make the most of everything I can do.... I think, I am actually more in the moment now than ever was and that is actually a nice thing. It is healthy perspective now" "...I really enjoy now getting out on a windy day and walking along beach I am thankful I am here to enjoy what I can...." "...When you get some illness like that it just changes your whole perspective on life, on how material things are so important I mean we have really close extended family and immediate family realise how lucky I was have that"
O'Gara et al. (2018) Canada	Living in the moment	Living in the moment is related to having a renewed focus on life priorities	-Simple pleasure -Prioritising relationships	-Awareness of death -Positive individual growth - Living with an uncertain life-Living with life-threatening illness	- A good quality of life - Coping with the uncertainty of life	"...I enjoy every day." "... The quality of life thing, you don't have to think how long you've got, it's the quality, what sort of quality of life you are having in that time, you know." "... I did not return to work...it was not what I had planned. It was alright because it was close to the date that I could have retired anyway..." "... I view life differently, um. I guess when something happiest makes you think more and live for today, which is what I do."
Saleh and Brockopp (2001) USA	Living in the present	It is deal with living in the moment, getting through, and keeping busy.	-Simple pleasure -Prioritising relationships	-Living with life-threatening illness	-Coping with the uncertainty of life	"...I read a lot, I like to sew" "...Immerse yourself with friends and stuff."
Mcclement et al. (2004) Canada	Living in the moment	It is focusing on the here and now as opposed to worrying about the future	-not to worry about the future	-Living with life-threatening illness	- Coping with the uncertainty of life -Preserving dignity	N/A
Östlund et al. (2019) Sweden	Living in the moment	It is focusing on immediate issues to avoid worrying about the future	-not worrying about the future	-Living with life-threatening illness	-Preserving dignity	"Well, one has to be glad that there are people that can help. That is how I feel about the home care, it feels safe, and I got it explained to me: 'We will come, we will be there for you'. That felt so good"
Winter (2010)	Living in the here and now	N/A	-Maintaining normality	-Living with life-threatening illness -Living an uncertainty future	-Coping with the uncertainty of life -Self-care management	"I take one day at a time really, it makes more manageable" "I know this all started 2 years ago. But I have forgotten a lot of it, I am now more really concentrating on now, myself... That is the easiest way to cope with it"

(Continued on next page)

Table 2 (Continued).

Authors, Date, Country	Concepts in primary studies	Definitions	Attributes	Antecedents	Consequences	Examples
Baker et al. (2016) UK	Normality	It is getting back to previous routines or creating a new 'normality'	- Creating a new 'normality'	- Living with life threatening illness - Positive individual growth	- Coping with the uncertainty of life	"You have negative thoughts at times, but then you think Oh, don't be ridiculous! Everything you've been through so far has been positive". "I've been trying to keep everything as normal as possible ... that can be hard as some things aren't the same after ...it's a new type of normality." "It's only when you're lying in the bed and the priest has been... You know you're going [to die] then. But not while I'm still walking the streets. I'm still fit . . . I'm stronger than this. I honestly feel I'm stronger... "
Benzein et al. (2001) Sweden	A hope of living as normally as possible	N/A	- Maintaining normality	-the feeling of being stigmatized	- A good quality of life -Preserving dignity - Coping with the uncertainty of life	"The most important thing is that everything should be as normal as possible ... that I'll be able to get back to how I was before... that it doesn't stop me, because the more I can live like normal the easier it is for me and my wife, then we can live more normally."
Cameron and Waterworth (2014) New Zealand	Life is for living	N/A	-Living each day to the fullest	- Living with life threatening illness	- A good quality of life - Coping with the uncertainty of life	"Take every day as it comes and don't dwell on the past, cause it's for the living isn't it? It's not for dwelling, and any arguments, forget them and that's what I say: "Life is for living, girl!" Isn't it?"
Carolan et al. (2018) UK, Australia, Canada, Germany	Maintaining normality	It is carrying on the everyday life, not to focus on the disease	- to live life as usual	- Positive individual growth	- Coping with the uncertainty of life	"I always cope because someone's always in a worse situation than me and I read in the papers that they're dying from it and whatever, and I'm still alive"
Chochinov et al. (2002) Canada	Maintaining normality	Maintaining normalcy refers to carrying on usual routines and schedules while coping with the physical and emotional challenges of being ill.	- to live life as usual	- Living with life threatening illness	-Preserving dignity - Coping with the uncertainty of life	"Well dignity means being able to get up and have breakfast with my grandchildren before they leave for school... and have supper with them. The simple things like having meals with them..."
Corbeil et al. (2009) Canada	Living on day-to-day	It is a strategy to cope with the uncertainty	-Maintaining normality	-Living with life-threatening illness	- Coping with the uncertainty of life	"I deal with the problems as they come, day by day. I can't deal with yesterday's problem today and I can't deal with tomorrow's problem today, I deal with today's problem solely. It's the only way I am going to remain sane. Day by day is the only way." "It's virtually impossible to plan, you can maybe do two days but more than that it just doesn't make any sense. I can't predict anything. I can't plan anything on a long term. I have to take it on a daily basis."
Ellis et al. (2013) UK	Maintaining normality	It is to keep life as normal as possible	- to live life as usual	-Living with life-threatening illness	- Coping with the uncertainty of life	"We try to keep thing quite normal, as normal as we can and get on with our lives... just live our lives as you would've done... just try and get on with what we want to do. "
Gourdji et al. (2009) Canada	Doing things that I usually do	It is to continue the normal activities.	- to live life as usual	- Living with life-threatening illness	-A quality end of life -Achieving the goals	"... I set little goals for myself. I have been doing that since I got ill... I can't run outside and play hockey...[but] I can listen to my grandchildren do that."

(Continued on next page)

Table 2 (Continued).

Authors, Date, Country	Concepts in primary studies	Definitions	Attributes	Antecedents	Consequences	Examples
Hall et al. (2009) UK	Maintaining normalcy	Maintaining normalcy involves carrying on familiar routines in the face of the challenges imposed by declining health.	-to live life as usual.	-The desire to normal life	-Preserving dignity	"I miss my routine . . . in the morning I get up very early, I don't have to but I've always been an early riser, even as a child and I'm up about a quarter to six and I go in to the bathroom, have my wash and that, and I always like to think, when I did it at home, put the kettle on, have a cup of tea and that first morning cup of tea . . ."
Harrop et al. (2017) UK	Maintaining daily life	N/A	- to live life as usual -making adaptations	- Positive individual growth	-A quality end of life -Coping with the uncertainty of life	"I mean straight after the chemotherapy I tend to stop in uh for a week or so but after that yeah we go out uh shopping or we might have a run out somewhere you know uh I get a bit fed up of being in the house so I do make a conscious effort to go out"
Johnston et al. (2012b) Scotland	Maintaining normality	Maintaining normality describes how people view their end of life care as a whole.	- to live life as usual. - to set realistic goals	-Awareness of own mortality	-Self-care management	"I've told my GP I'd, I'd prefer to die in my own home, I don't want to die in, I'm not dying in X care home: That is the local dying factory... I don't think dying is an event, I think it's a process..., I think you begin to die when you feel you've lost the world that you're, lost the world that made you, you're brought up in. There's still plenty of things that interest me still yet, but, I do it alone now..." "... I am getting worse... I'm trying to keep in with everything, because I endeavour to get washed, shaved and dressed every day"
Johnston et al. (2017) Scotland	Living day to day or normality	Living on a day-to-day basis and maintaining normality is a way to cope with the uncertainty, the changes in their wellbeing and to help maintain patients' dignity.	- to live life as usual. - to set realistic goals	-Awareness of death - Living with an uncertain future	- Coping with the uncertainty of life -Preserving dignity	"Take it slowly and ... carry on as usual" "I mean we've just got to deal with things on a day-to-day basis, you can't make too many plans for the future in a lot of ways. [...] It's like you live two different lives you know, you live temporarily in the life that you used to have, because you still have all the normal things in life to do, like paying the bills [...] and cutting the grass, and doing the shopping and all that..."
Lewis et al. (2016) Australia	Regaining a sense of normality	It is the strategy for living well life that living as unchanged as possible	-to live life as usual.	-Being positive thinker	- A good quality of life	"I'm busy doing all the normal things that you do in the house. I get the vacuuming done and the bathroom . . . cleaned. But I do everything else myself . . . attending to all the normal household things that you do, you know cooking and cleaning and washing and ironing."
Lobb et al. (2015) Australia	Maintain normality	It is to create a normal balance and taking the life from day to day or week to week	-to live life as usual.	- Living with an uncertain future	-A good quality of life - Coping with the uncertainty of life	"After the radiotherapy when the pain started to ease, I found I could pick up my grandchildren, it was such a special feeling – so it's all about that, about getting back to my normal life and to do the things that are important to me in life."
Mosher et al. (2015) USA	Maintaining normalcy	It is the primary method of coping with emotional reactions to the illness including work, meal preparations, naps, time with family, and other enjoyable activities	-to live life as usual	- Living with an uncertain future	-Coping with the uncertainty of life	"I certainly don't lie in the chair or on the couch all day. I... do the dishes and sweep the floors and do some of the washing, enough to keep me where I don't feel worthless"

(Continued on next page)

Table 2 (Continued).

Authors, Date, Country	Concepts in primary studies	Definitions	Attributes	Antecedents	Consequences	Examples
Post and Wagman (2019) Canada	Living as long as you live	It is living as fully as possible and making the best of every day	-Living each day to the fullest	- Awareness of dying	- A good quality of life	N/A
Sjovall et al. (2011) Sweden	Striving for normality	It is keeping up a normal daily life including spending time with the children, doing household chores or continuing work.	-to live life as usual. -being active	-Living with uncertainty life	- Coping with the uncertainty of life	"I don't know if I am interested in having too much circulating around the disease. No, it gets to live its own life and I have to try to live my life and then we have to adjust when it is necessary"

N/A: Not available.

4.2.4. Maintaining normality

According to the results of this concept analysis, maintaining normality is defined as carrying on usual routines such as cooking, cleaning, washing or ironing, to cope with the challenges of being ill, and preserving dignity at the end of the life (Carolan et al., 2018; Chochinov et al., 2002; Ellis et al., 2013; Hall et al., 2009; Harrop et al., 2017; Johnston et al., 2017; Lewis et al., 2016). It is an effective way for dealing with daily problems and maintaining autonomy (Andersson et al., 2008; Corbeil et al., 2009). It also helps people who have a life-threatening illness to be viewed as normal, rather than having an illness, and reduces the feeling of being stigmatised.

One patient stated: *"The most important thing is that everything should be as normal as possible ... that I'll be able to get back to how I was before ... that it doesn't stop me, because the more I can live like normal, the easier it is for me and my wife, then we can live more normally"* (Benzein et al., 2001). Maintaining normality helps patients to live in the moment by carrying on familiar routines in the face of the challenges of a life-threatening illness (Johnston et al., 2017).

4.2.5. Not worrying about the future

Previous research shows that people approaching the end of life generally do not worry about the future – they only focus on living in the moment (Brown et al., 2011; Cottingham et al., 2018; O'Gara et al., 2018). They just like to be 'here and now' rather than focusing on the end of their lives, as illustrated by this quote: *"You try at least not to put off thing to the future. Instead, you do things you like at once. I think all people should live that way. Everyone needs an eye-opener – but maybe not this brutal"* (Hajdarevic et al., 2014).

People nearing end of life want to live in the moment to avoid worrying about the future. Understanding that the future is 'now' is important for many patients for providing person-centred care at the end of life (Cottingham et al., 2018).

4.3. A model case

According to Walker and Avant (2014), model cases may be drawn from real life or the literature or constructed by a researcher. In this study, a model case was adapted from the literature (Lothian, 2002), incorporating all defining attributes of the concept, as follows:

Jill is 40 years old and has leukaemia. For the first two days after receiving her diagnosis of cancer, she was in shock. She could not believe how it had happened. She realised that she might die. The experience changed her whole perspective on life, and she has tried to adjust to the possibility of her own death. At the same time, she has tried to carry on with her normal routine of cooking and cleaning. She has also started to live each day to the fullest, without dwelling on her past; elementary things have become more important to her, such as spending time with her fam-

ily; watching flowers grow, or children playing in the street while looking out of a window have given her more pleasure than before. She is very thankful that she can now enjoy herself without focusing on the future. Living in the moment has given her a dignified quality of life and helps her cope with uncertainty about the end of life.

4.4. Additional cases

Identifying additional cases helps to explore which attributes define the concept and those that (Nuopponen, 2010). In the sixth step, additional cases identified from the literature (Lothian, 2002; Winter, 2010) should include a related case, a borderline case and a contrary case (Walker and Avant, 2014).

4.4.1. Related cases

A related case is related to the main concept, and is very similar to it, but does not include all the defining attributes (Walker and Avant, 2014). In this study, a related case was adapted from the literature (Kvale, 2007). It is very similar to the main concept but does not include the "not worrying about the future" attribute of the main concept.

Maria is 50 years old and has advanced cancer. Since she became sick, the most important thing in her life has been to live every day and be consistently happy. She has realised how much more important it is to spend time with her family and friends, rather than material things. When in hospital, she has enjoyed simple pleasures such as reading a good book and talking with the nurses about ordinary things without not focusing on her disease. She enjoyed talking to the nurses about her daughter who is pregnant, and about her daily routine at home. She just wants to live as normally as possible, without talking about her disease or other peoples' diseases all the time. She has tried to live each day to the fullest. However, she still has worries about the future because of the uncertainties in her life.

4.4.2. Borderline case

A borderline case includes some of the defining attributes of the main concept, but not all of them (Walker and Avant, 2014). This borderline case was adapted from a personal paper written by an academic who had advanced cancer (Oakley, 1979). It only consists of the 'prioritising relationships' and 'maintaining normality' attributes of the concept.

Ann is a 33-year-old academic who has three children. She lost her father from bronchial carcinoma four years ago, and is under the same consultant as her father, at the same hospital. After diagnosis, her attitudes to the way she conducts her life have changed. She has considered the dying man in Tolstoy's book, *The Death of Ivan Ilyich*. She has realised that life is temporary, and her family is the most important thing in her life. Her confrontation with death has enabled her to understand more about happiness. This

experience has been an eye-opener for her in many ways, teaching her to live with cancer and carry on with her usual routines such as her research project and writing a book. However, she does worry about what will happen to her children after she passes away. When she is anxious about her children, enjoying being in the moment is very difficult for her.

4.4.3. Contrary case

A contrary case is one that is not an instance of the main concept, but a clear example of 'not the concept' (Walker and Avant, 2014). For this stage of the analysis, a contrary case was adapted from the literature (Winter, 2010). It does not include any defining attributes of the concept.

Julia is a 52-year-old woman who has rectal cancer. After she became ill, her relationship with her partner ended and she could not enjoy being in the moment or carry on with her daily routine. She was also very anxious about her future. She said: *"I think about what is really happening. I cannot get my head around it, though. The more I think about it, the more I panic. The worst time is at night, when I'm on my own. I wake up at about two or three in the morning and think about what is going to happen. That's when I can't calm down. My mind races ahead and I am terrified."*

4.5. Antecedents and consequences

The most frequently used antecedents and consequences in the literature were defined for this analysis (Table 2). Antecedents and consequences help to further refine the defining attributes (Walker and Avant, 2014).

4.5.1. Antecedents

Antecedents are the events or incidents required for the concept to occur and exist (Walker and Avant, 2014). Four antecedents of living in the moment were identified in this analysis: (1) living with a life-threatening illness (Andersson et al., 2008; Arantzamendi et al., 2018; Brown et al., 2011; Buiting et al., 2013; Chochinov et al., 2002; Cottingham et al., 2018; Daneault et al., 2016; Fanos et al., 2008; Garcia-Rueda et al., 2016; Gysels et al., 2016; Hajdarevic et al., 2014; Horne et al., 2012; Karlsson et al., 2014; Kvale, 2007; Lewis et al., 2016; Lothian, 2002; McClement et al., 2004; O'Gara et al., 2018; Östlund et al., 2019; Saleh and Brockopp, 2001); (2) awareness of dying (Arantzamendi et al., 2018; Buiting et al., 2013; Cottingham et al., 2018; Fanos et al., 2008; Hajdarevic et al., 2014; Lothian, 2002; O'Gara et al., 2018); (3) positive individual growth (Hajdarevic et al., 2014; Lothian, 2002; O'Gara et al., 2018); and (4) living with an uncertain future (Hajdarevic et al., 2014; Karlsson et al., 2014; Kvale, 2007; O'Gara et al., 2018; Winter, 2010).

In this review, all participants were 'living with a life-threatening illness' and were 'living with an uncertain future'. This gave them an opportunity to live life to the fullest as an antecedent (Arantzamendi et al., 2018; Fanos et al., 2008; Hajdarevic et al., 2014; Lothian, 2002; O'Gara et al., 2018). Some studies highlight the issues of awareness and acceptance of dying when nearing the end of life (Arantzamendi et al., 2018; Lothian, 2002; O'Gara et al., 2018). For example, one study mentions how awareness of dying provides an opportunity to live in the moment (Arantzamendi et al., 2018), as illustrated by this patient: *"There are times when you think you're going to die. You already have an expiration date. You say, I am going to die from this, but I will try to be as late as possible, and that the time is, use it, live well ... live happy and calm. Enjoy every day because you never know if tomorrow will come."* Such awareness of dying also facilitates living in the moment for people at the end of life and encourages talking about their death with nurses (Arantzamendi et al., 2018). Healthcare providers have emphasised the importance of awareness of dying, and suggest that

caring for patients who face the truth is easier than caring for patients who are in denial (Black, 2011).

Some studies have mentioned the importance of 'positive individual growth' for living in the moment when approaching the end of life (Hajdarevic et al., 2014; Lothian, 2002; O'Gara et al., 2018). A traumatic event like facing death is recognised to be difficult, but it does allow personal growth through recognition of personal strengths and increased personal insight (O'Gara et al., 2018).

4.5.2. Consequences

Consequences are events or incidents that occur as outcomes of the concept (Walker and Avant, 2014). Our focus was to clarify the concept of living in the moment to facilitate clinical nursing practise at the end of life; therefore, we only selected data for consequences from nurse-related research into the implementation of such consequences. Three consequences of living in the moment were identified: (1) a good quality of life (Andersson et al., 2008; Arantzamendi et al., 2018; Cottingham et al., 2018; Daneault et al., 2016; Fanos et al., 2008; Garcia-Rueda et al., 2016; Hajdarevic et al., 2014; Karlsson et al., 2014; Lewis et al., 2016; Lothian, 2002; O'Gara et al., 2018); (2) preserving dignity (Brown et al., 2011; Chochinov et al., 2002; Garcia-Rueda et al., 2016; Gysels et al., 2016; McClement et al., 2004; Östlund et al., 2019); and (3) coping with the uncertainty of life (Buiting et al., 2013; Hajdarevic et al., 2014; Kvale, 2007; McClement et al., 2004; O'Gara et al., 2018; Saleh and Brockopp, 2001; Winter, 2010).

The researchers in the papers we reviewed highlighted the importance of recognising and understanding the role of living in the moment for having a good quality of life, for coping with the uncertainty of life, and for preserving dignity (Arantzamendi et al., 2018; Cottingham et al., 2018).

4.6. Empirical referents

In the final step of this analysis, we defined the empirical referents of the concept. Empirical referents involve recognising or measuring the defining characteristics or attributes. Thus, the empirical referents relate directly to the defining attributes – not the main concept itself. They are also very useful in practise because they provide healthcare professionals with clear, observable phenomena, from which the existence of the concept in particular patients can be determined (Walker and Avant, 2014).

A 56-item scale called the Zimbardo Time Perspective Inventory (ZTPI) was developed by psychologists to measure living in the moment with respect to time-related attitudes (Zimbardo and Boyd, 1999). It was developed from surveys, case studies and factor analysis (Zimbardo and Boyd, 1999). The ZTPI contains five subscales of time perspective with proven reliability and validity. These are: past-negative (Cronbach $\alpha=0.79$); past-positive (Cronbach $\alpha=0.72$); present-hedonistic (Cronbach $\alpha=0.84$); present-fatalistic (Cronbach $\alpha=0.71$); and future (Cronbach $\alpha=0.82$). Present-hedonistic includes 15 items, such as: "I do think impulsively", "Live each day as if it were the last", and "I follow my heart more than my head". Present-fatalistic comprises nine items, such as "You can't plan for the future" (Anagnostopoulos and Griva, 2011).

In nursing, no instrument for measuring living in the moment has been developed. However, the DCI, as developed by Bridget Johnston and colleagues, includes the practice of living in the moment to improve dignity-conserving care for people nearing the end of life by community nurses (Connolly et al., 2018; Harstade et al., 2018; Johnston et al., 2015; Östlund et al., 2012, 2019). The DCI comprises patient self-assessment using the Patient Dignity Inventory (PDI) to identify concerns of people at the end of life (Johnston et al., 2017). The PDI includes two items ("worrying about my future" and "not being able to continue with my usual

Table 3
Nursing strategies for living in the moment.

Practices	References
Using appropriate reflective questions to help patients for the awareness of dying by changing their frame of mind and facing the truth	Black (2011)
Allow the patient to participate in normal routines, or take comfort in momentary distractions	Chochinov (2006)
Talking with patients about what is important to them now with questions such as "What is important to you as you live now, knowing that you will die sooner than you want or expected?"	Cottingham et al. (2017)
Encourage patients to know what is going on in the world and accomplishing daily activities	Harstade et al. (2018)
Encourage patients to set realistic goals and support them to achieve them	Johnston (2010), Brown et al. (2011)
Supporting optimism, hope and helping patients to find meaning in life and conversation about daily life, their family and their hobbies	Kvale (2007)
Appropriate use of humour, and discussion of issues that are non-illness related	McClement et al. (2004)
Encourage patients to use diversional activities as appropriate and express feelings related to living with life threatening illness	Saleh and Brockopp (2001)
Encourage patients to speak about their feelings and thoughts about the death by listening with compassion and true presence	Yalom (2011)

routine") to examine the distress among people who are living in the moment and need palliative care (Chochinov et al., 2008; Johnston et al., 2017).

A new scale can be developed or another items can be added to the PDI to measure the effects, existence or attributes of living in the moment by using determined attributes, antecedents and consequences (Fig. 2) to guide further studies. In addition, nursing strategies for living in the moment that were developed from the studies selected for this concept analysis may contribute towards a new measurement tool and facilitate improvements in clinical nursing practise (Table 3).

4.7. Definition of the concept

This study identified that there is no universal definition of the concept of living in the moment in the context of dignity-conserving care at the end of life. Based on our analysis of the literature, the following is a clarified definition of the concept for nursing use:

Living in the moment allows nurses to blend art and science in order to help facilitate a dignified quality of life and help people cope with the uncertainty of life by providing person-centred care for people nearing the end of life.

A conceptual model of living in the moment, including the theoretical relationship between its antecedents, attributes and consequences is shown in Fig. 2.

In addition, patients and public advisors were involved throughout this study to ensure this concept analysis was in line with their needs. An advisory group comprising patients, district nurses and social workers endorsed and supported the universal definition, conceptual model and model case developed in this study.

5. Discussion

The purpose of this analysis was to generate a clear definition for improving dignity-conserving care and facilitate further interventions for such care in end-of-life care settings.

A focus of end-of-life care is to help patients die with dignity (Johnston et al., 2010). The literature reports that patients at the end of life fear the loss of dignity (Chochinov et al., 2002; Johnston et al., 2010). Dignity-conserving care, therefore, is essential for supporting these patients and their families at the end of life. The results of this study show that living in the moment is considered to be an effective coping strategy for dignity-conserving care. Patients who live with a life-threatening illness who are living in the moment report that simple pleasures enrich their limited life. Examples are listening to music, gardening, reading a newspaper, looking out of a window, building a shed, playing cards, fixing the back patio or viewing nature from indoors (Andersson et al., 2008;

Cottingham et al., 2018; Johnston, 2010). It is also important to relieve symptoms like pain and anxiety for people who have a life-threatening illness (Bradt and Dileo, 2010; Chao et al., 2002). The researchers in the reviewed literature highlight that having conversations with patients about their hobbies or daily lives may enhance their capacity to live in the moment (Harstade et al., 2018; Kvale, 2007). In addition, according to our results, prioritising relationships, living life to the fullest, maintaining normality and not worrying about the future are all fundamental attitudes for living in the moment in people at the end of life (Andersson et al., 2008; Arantzamendi et al., 2018; Brown et al., 2011; Buiting et al., 2013; Chochinov et al., 2002; Cottingham et al., 2018; Daneault et al., 2016; Fanos et al., 2008; Garcia-Rueda et al., 2016; Hajdarevic et al., 2014; Johnston et al., 2012b).

The existing body of research supports the notion that discussing with these patients the most important things in their lives helps them find meaning in life and to live in the moment (Cottingham et al., 2018). Talking with them about issues that are non-illness related, encouraging them to partake in various activities (as appropriate), supporting them with carrying out their daily routines, and helping them set realistic goals are also important for enabling them to live in the moment (Harstade et al., 2018; Johnston, 2010; Kvale, 2007; McClement et al., 2004).

In the literature, maintaining normality was identified as a related concept to living in the moment. The similarity between the nature and components within the concept of living in the moment can confuse nurses who implement dignity-conserving care. We explored differences between maintaining normality and the main concept, and in doing so have helped to clarify the main concept. We identified maintaining normality as one attribute of the main concept, and also found that the related term – maintaining normality – does not include all the attributes of living in the moment, such as not worrying about the future, or focusing on simple pleasure (Carolan et al., 2018; Chochinov et al., 2002; Ellis et al., 2013; Hall et al., 2009; Johnston et al., 2017; Lewis et al., 2016). The results were emphasised in order to help facilitate specific exploration and analysis by revealing the differences from the main concept.

Various antecedents were also identified that may increase nurses' insight into understanding how patients can live in the moment. According to the antecedents explored here (Fig. 2), living with a life-threatening illness results in thoughts or worries about an uncertain future, but also provides opportunities to live in the moment, through positive individual growth. Furthermore, awareness of dying can help patients to live in the moment at the end of their life (Arantzamendi et al., 2018; Lothian, 2002; O'Gara et al., 2018). When approaching the end of life patients often do not want to accept that they are dying; this may be a coping mechanism, but it is a barrier to communication with others, especially for the nurses who are trying to help them (Black, 2011). Patient

awareness of dying helps with acceptance of palliative care and to have conversations about serious illness (Arantzamendi et al., 2018). Reflective questions can be asked that help patients change their frame of mind and face reality (Black, 2011; Johnston et al., 2015). Health professionals can encourage patients to speak about their feelings and thoughts about death by listening with compassion and being truly present. According to Irvin Yalom, being aware of feelings and thoughts about death is enriching, and it improves the ability to cope with anxiety about death, and to live in the moment (Yalom, 2011).

Nurses are in a critical position for providing dignity-conserving care for patients and their families, because they have primary contact with the patient who is receiving palliative care (Harstade et al., 2018). Therefore, understanding the concept of living in the moment, is important to support nurses to help patients who have a life limiting illness to focus on the here and now. Furthermore, exploring the concept of living in the moment is important for nurses to gain perspective, and for them to deliver dignified person-centred care for those at the end of life. Putting such people at the centre of clinical decisions, by taking into account their preferences, needs and values, will contribute to a higher quality of healthcare. Recognising and understanding that living in the moment, from the patient's perspective, may be one-step towards achieving that goal.

5.1. Study limitations

This study was limited to adult patients who need palliative care, and excluded studies that were not published in English, and for which only full texts were available.

6. Conclusion

Living in the moment is a special concept that helps nurses to provide a dignified quality of life to their patients and to help them cope with uncertainties that arise at the end of life. This analysis has identified that the concept of living in the moment – and its attributes, antecedents and consequences – can be used for nurses to gain insight into their patients' perspectives, values and preferences relating to dignified person-centred care, to develop instruments that measure the concept, and to improve theory-based applications in palliative/end-of-life care settings. This analysis is also important to support nursing caring to help how patients who have a life limiting illness can live in the moment. Further research is needed to expand on the definitions of health-related outcomes with respect to living in the moment from the family perspective.

Declaration of Competing Interest

The authors have no conflicts of interest to declare.

CRedit authorship contribution statement

Çiğdem Fulya Dönmez: Visualization, Data curation, Formal analysis, Writing - original draft. **Bridget Johnston:** Visualization, Data curation, Formal analysis, Writing - original draft.

Funding

The authors received no financial support for the research.

Disclosure

The authors have confirmed that all authors meet the ICMJE criteria for authorship credit (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/>

[defining-the-role-of-authors-and-contributors.html](#)), as follows: (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the work or revising it critically for important intellectual content; and (3) final approval of the version to be published and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

References

- Ammer, C., 2013. The American Heritage Dictionary of Idioms: American English Idiomatic Expressions & Phrases. Houghton Mifflin Harcourt, New York.
- Anagnostopoulos, F., Griva, F., 2011. Exploring time perspective in Greek young adults: validation of the Zimbardo time perspective inventory and relationships with mental health indicators. *Soc. Indic. Res.* 106 (1), 41–59.
- Andersson, M., Hallberg, I.R., Edberg, A.K., 2008. Old people receiving municipal care, their experiences of what constitutes a good life in the last phase of life: a qualitative study. *Int. J. Nurs. Stud.* 45 (6), 818–828.
- Andrew, J., Johnston, B., Papadopoulos, C., 2013. Community nurses' participation in palliative care research: the dignity care pathway. *Br. J. Community Nurs.* 18 (7), 326–331.
- Arantzamendi, M., Garcia-Rueda, N., Carvajal, A., Robinson, C.A., 2018. People with advanced cancer: the process of living well with awareness of dying. *Qual. Health Res.* 0 (0), 1–13.
- Baker, P., Beesley, H., Fletcher, I., Ablett, J., Holcombe, C., Salmon, P., 2016. 'Getting back to normal' or 'a new type of normal'? A qualitative study of patients' responses to the existential threat of cancer. *Eur. J. Cancer Care* 25 (1), 180–189.
- Benzein, E., Norberg, A., Saveman, B.I., 2001. The meaning of the lived experience of hope in patients with cancer in palliative home care. *Palliat. Med.* 15 (2), 117–126.
- Black, J., 2011. What are patients' priorities when facing the end of life? A critical review. *Int. J. Palliat. Nurs.* 17 (6), 294–300.
- Bradt, J., Dileo, C., 2010. Music therapy for end-of-life care. *Cochrane Database Syst. Rev.* 20 (1), 1465–1858.
- Brown, H., Johnston, B., Östlund, U., 2011. Identifying care actions to conserve dignity in end-of-life care. *Br. J. Community Nurs.* 16 (5), 238–245.
- Buiting, H.M., Terpstra, W., Dalhuisen, F., Gunnink-Boonstra, N., Sonke, G.S., Hartogh, G., 2013. The Facilitating Role of Chemotherapy in the Palliative Phase of Cancer: qualitative interviews with advanced cancer patients. *PLoS One* 8 (11), e77959.
- Cameron, J., Waterworth, S., 2014. Patients' experiences of ongoing palliative chemotherapy for metastatic colorectal cancer: a qualitative study. *Int. J. Palliat. Nurs.* 20 (5), 218–224.
- Carolyn, C.M., Smith, A., Davies, G.R., Forbat, L., 2018. Seeking, accepting and declining help for emotional distress in cancer: A systematic review and thematic synthesis of qualitative evidence. *Eur. J. Cancer Care (Engl.)* 27 (2), e12720.
- Chao, C.S., Chen, C.H., Yen, M., 2002. The essence of spirituality of terminally ill patients. *J. Nurs. Res.* 10 (4), 237–245.
- Chochinov, H.M., Hack, T., McClement, S., Kristjanson, L., Harlos, M., 2002. Dignity in the terminally ill: a developing empirical model. *Soc. Sci. Med.* 54 (3), 433–443.
- Chochinov, H.M., Hassard, T., McClement, S., Hack, T., Kristjanson, L.J., Harlos, M., Sinclair, S., Murray, A., 2008. The patient dignity inventory: a novel way of measuring dignity-related distress in palliative care. *J. Pain Symp. Manag.* 36 (6), 559–571.
- Coetzee, S.K., Kloppe, H.C., 2010. Compassion fatigue within nursing practice: a concept analysis. *Nurs. Health Sci.* 12 (2), 235–243.
- Connolly, M., Charnley, K., Collins, R., Barry, C., McIlpatrick, S., Larkin, P., Brenner, M., Johnston, B., 2018. Evaluating an educational programme for dignity care intervention with community nurses in Ireland. *Int. J. Palliat. Nurs.* 24 (10), 474–481.
- Corbeil, A., Laizner, A.M., Hunter, P., Hutchison, N., 2009. The experience of uncertainty in young adults with cancer. *Cancer Nurs.* 32 (5), E17–E27.
- Cottingham, A.H., Cripe, L.D., Rand, K.L., Frankel, R.M., 2018. "My future is now": a qualitative study of persons living with advanced cancer. *Am. J. Hosp. Palliat. Med.* 35 (4), 640–646.
- Daneault, S., Lussier, V., Mongeau, S., Yelle, L., Cote, A., Sicotte, C., Paille, P., Dion, D., Coulombe, M., 2016. Ultimate journey of the terminally ill: Ways and pathways of hope. *Can. Fam. Phys.* 62 (8), 648–656.
- Dyer, J.G., McGuinness, T.M., 1996. Resilience: analysis of the concept. *Arch. Psychiatr. Nurs.* 10 (5), 276–282.
- Ellis, J., Lloyd Williams, M., Wagland, R., Bailey, C., Molassiotis, A., 2013. Coping with and factors impacting upon the experience of lung cancer in patients and primary carers. *Eur. J. Cancer Care (Engl.)* 22 (1), 97–106.
- EndNote, 2019. Web of Science Group. EndNote <http://www.endnote.com/support/enstyles.asp>.
- ETHOS, 2019. The E-Theses Online Service. <https://ethos.bl.uk/Home.do?sessionId=CB48CDB3481BCFE37B1ECEEFA69039B1>.
- Fanos, J.H., Gelinas, D.F., Foster, R.S., Postone, N., Miller, R.G., 2008. Hope in palliative care: from narcissism to self-transcendence in amyotrophic lateral sclerosis. *J. Palliat. Med.* 11 (3), 470–475.
- Garcia-Rueda, N., Carvajal Valcarcel, A., Saracibar-Razquin, M., Arantzamendi Solabarrieta, M., 2016. The experience of living with advanced-stage cancer: a thematic synthesis of the literature. *Eur. J. Cancer Care (Engl.)* 25 (4), 551–569.

- Gysels, M., Reilly, C.C., Jolley, C.J., Pannell, C., Spoorendonk, F., Moxham, J., Bausewein, C., Higginson, I.J., 2016. Dignity through integrated symptom management: lessons from the breathlessness support service. *J. Pain Symp. Manag.* 52 (4), 515–524.
- Haddaway, N.R., Collins, A.M., Coughlin, D., Kirk, S., 2015. The role of Google Scholar in evidence reviews and its applicability to grey literature searching. *PLoS One* 10 (9), e0138237.
- Hajdarevic, S., Rasmussen, B.H., Hörnsten, A., 2014. You never know when your last day will come and your trip will be over, Existential expressions from a melanoma diagnosis. *Eur. J. Oncol. Nurs.* 18 (4), 355–361.
- Hall, S., Longhurst, S., Higginson, I., 2009. Living and dying with dignity: a qualitative study of the views of older people in nursing homes. *Age Ageing* 38 (4), 411–416.
- Harrop, E., Noble, S., Edwards, M., Sivell, S., Moore, B., Nelson, A., 2017. Managing, making sense of and finding meaning in advanced illness: a qualitative exploration of the coping and wellbeing experiences of patients with lung cancer. *Sociol. Health Illn.* 39 (8), 1448–1464.
- Harstäde, C.W., Blomberg, K., Benzein, E., Östlund, U., 2018. Dignity-conserving care actions in palliative care: an integrative review of Swedish research. *Scand. J. Caring Sci.* 32 (1), 8–23.
- Holmström, I., Röing, M., 2010. The relation between patient-centeredness and patient empowerment: a discussion on concepts. *Patient Educ. Couns.* 79 (2), 167–172.
- Horne, G., Seymour, J., Payne, S., 2012. Maintaining integrity in the face of death: a grounded theory to explain the perspectives of people affected by lung cancer about the expression of wishes for end of life care. *Int. J. Nurs. Stud.* 49 (6), 718–726.
- Johnston, C.C., Narayanasamy, M., Feakes, R., Whitworth, G., Tyrell, T., Hardy, B., 2016. Exploring the barriers to and facilitators of implementing research into practice. *Br. J. Community Nurs.* 21 (8), 392–398.
- Johnston, B., 2010. Can self-care become an integrated part of end-of-life care? Implications for palliative nursing. *Int. J. Palliat. Nurs.* 16 (5), 212–214.
- Johnston, B., Buchanan, D., Papadopolou, C., Andrew, J., Chochinov, H., 2014. How a dignity care intervention can improve care by community nurses to people in the last months of life. *BMJ Support. Palliat. Care* 4 (1), A1–A1.
- Johnston, B., Larkin, P., Connolly, M., Barry, C., Narayanasamy, M., Östlund, U., McIlfatrick, S., 2015. Dignity-conserving care in palliative care settings: an integrative review. *J. Clin. Nurs.* 24 (13), 1743–1772.
- Johnston, B., Milligan, S., Foster, C., Kearney, N., 2012b. Self-care and end of life care-patients' and carers' experience a qualitative study utilising serial triangulated interviews. *Support. Care Cancer* 20 (8), 1619–1627.
- Johnston, B., Östlund, U., Brown, H., 2010. Dignity in End-Of-Life Care. *European Oncology Nursing Society Newsletter*, pp. 10–12.
- Johnston, B., Östlund, U., Brown, H., 2012a. Evaluation of the Dignity Care Pathway for community nurses caring for people at the end of life. *Int. J. Palliat. Nurs.* 18 (10), 483–489.
- Johnston, B., Papadopoulou, C., Östlund, U., Hunter, K., Andrew, J., Buchanan, D., 2017. What's dignity got to do with it? Patient experience of the dignity care intervention: a qualitative evaluation study. *SAGE Open Nurs.* 3 2377960817699839.
- Karlsson, M., Friberg, F., Wallengren, C., Ohlen, J., 2014. Meanings of existential uncertainty and certainty for people diagnosed with cancer and receiving palliative treatment: a life-world phenomenological study. *BMC Palliat. Care* 13 (28), 1472–1684X.
- Kvale, K., 2007. Do cancer patients always want to talk about difficult emotions? A qualitative study of cancer inpatients communication needs. *Eur. J. Oncol. Nurs.* 11 (4), 320–327.
- Lewis, S., Willis, K., Yee, J., Kilbreath, S., 2016. Living well? Strategies used by women living with metastatic breast cancer. *Qual. Health Res.* 26 (9), 1167–1179.
- Lobb, E.A., Lacey, J., Kearsley, J., Liauw, W., White, L., Hosie, A., 2015. Living with advanced cancer and an uncertain disease trajectory: an emerging patient population in palliative care? *BMJ Support. Palliat. Care* 5 (4), 352–357.
- Lothian, N., 2002. Facing up to cancer: the lived experience of being diagnosed with a life threatening form of cancer Master thesis. Auckland University of Technology, New Zealand.
- McClement, S.E., Chochinov, H.M., Hack, T.F., Kristjanson, L.J., Harlos, M., 2004. Dignity-conserving care: application of research findings to practice. *Int. J. Palliat. Nurs.* 10 (4), 173–179.
- McIlfatrick, S., Connolly, M., Collins, R., Murphy, T., Johnston, B., Larkin, P., 2017. Evaluating a dignity care intervention for palliative care in the community setting: community nurses' perspectives. *J. Clin. Nurs.* 26 (23–24), 4300–4312.
- Meleis, A.I., 2011. *Theoretical nursing: Development and Progress*. Lippincott Williams & Wilkins.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., 2009. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Ann. Intern. Med.* 151 (4), 264–269.
- Moreno, J.L., 1941. The philosophy of the moment and the spontaneity theatre. *Sociometry* 4 (2), 205–226.
- Mosher, C.E., Ott, M.A., Hanna, N., Jalal, S.I., Champion, V.L., 2015. Coping with physical and psychological symptoms: a qualitative study of advanced lung cancer patients and their family caregivers. *Support. Care Cancer* 23 (7), 2053–2060.
- Nuopponen, A., 2010. Methods of concept analysis—a comparative study. *LSP Journal—Language for special purposes, professional communication, knowledge management and cognition* 1 (1).
- O'Gara, G., Tuddenham, S., Pattison, N., 2018. Haemato-oncology patients' perceptions of health-related quality of life after critical illness: a qualitative phenomenological study. *Intensive Crit. Care Nurs.* 44, 76–84.
- O'Gara, G., Tuddenham, S., Pattison, N., 2018. Haemato-oncology patients' perceptions of health-related quality of life after critical illness: A qualitative phenomenological study. *Intensive Crit. Care Nurs.* 44, 76–84.
- Oakley, A., 1979. Living in the present, Confrontation with cancer. *Br. Med. J.* 1 (6167), 861–862.
- OED, 2019a. Living in the moment. In: *Oxford English Dictionary, The Definitive Record of the English Language*. <https://www.oed.com/view/Entry/120997?redirectedFrom=living+in+the+moment#eid36208331>.
- OED, 2019b. Normality. In: *Oxford English Dictionary, The Definitive Record of the English Language*. <https://www.oed.com/view/Entry/128271?redirectedFrom=normality#eid>.
- OpenGrey, 2019. Grey literature in Europe. <http://www.opengrey.eu/>.
- Östlund, U., Blomberg, K., Söderman, A., Werkander Harstäde, C., 2019. How to conserve dignity in palliative care: suggestions from older patients, significant others, and healthcare professionals in Swedish municipal care. *BMC Palliat. Care* 18 (1), 10.
- Östlund, U., Brown, H., Johnston, B., 2012. Dignity conserving care at end-of-life: a narrative review. *Eur. J. Oncol. Nurs.* 16 (4), 353–367.
- Post, H., Wagman, P., 2019. What is important to patients in palliative care? A scoping review of the patient's perspective. *Scand. J. Occup. Ther.* 26 (1), 1–8.
- ProQuest, 2019. Proquest Dissertations and Theses; US and Canada Library <https://search.proquest.com/>.
- Saleh, U.S., Brockopp, D.Y., 2001. Hope among patients with cancer hospitalized for bone marrow transplantation – A phenomenologic study. *Cancer Nurs.* 24 (4), 308–314.
- Sjovall, K., Gunnars, B., Olsson, H., Thome, B., 2011. Experiences of living with advanced colorectal cancer from two perspectives – Inside and outside. *Eur. J. Oncol. Nurs.* 15 (5), 390–397.
- Skeath, P., Berger, A., 2017. "Living in the moment" among cancer survivors who report life-transforming change. *Ann. Palliat. Med.* 6 (3), 227–236.
- Spears, R., 2006. *Living in the moment*. McGraw-Hill Dictionary of American Idioms and Phrasal Verbs. McGraw-Hill Education, New York, pp. 409–410.
- Walker, L.O., Avant, K.C., 2014. *Concept Analysis*. In: Walker, L.O., Avant, K.C. (Eds.), *Strategies For Theory Construction in Nursing*, 5th ed.. Pearson, London.
- Winter, J., 2010. *Living with Locally Advanced Rectal Cancer: An Exploration of the Everydayness of Living with Rectal Cancer* PhD Thesis. University of Southampton, England.
- Yalom, I.D., 2011. *Staring At The Sun: Being at Peace With Your Own Mortality*. Hachette UK.
- Zimbardo, P.G., Boyd, J.N., 1999. Putting time in perspective: a valid, reliable individual-differences metric. *J. Pers. Soc. Psychol.* 77 (6), 1271–1288.